

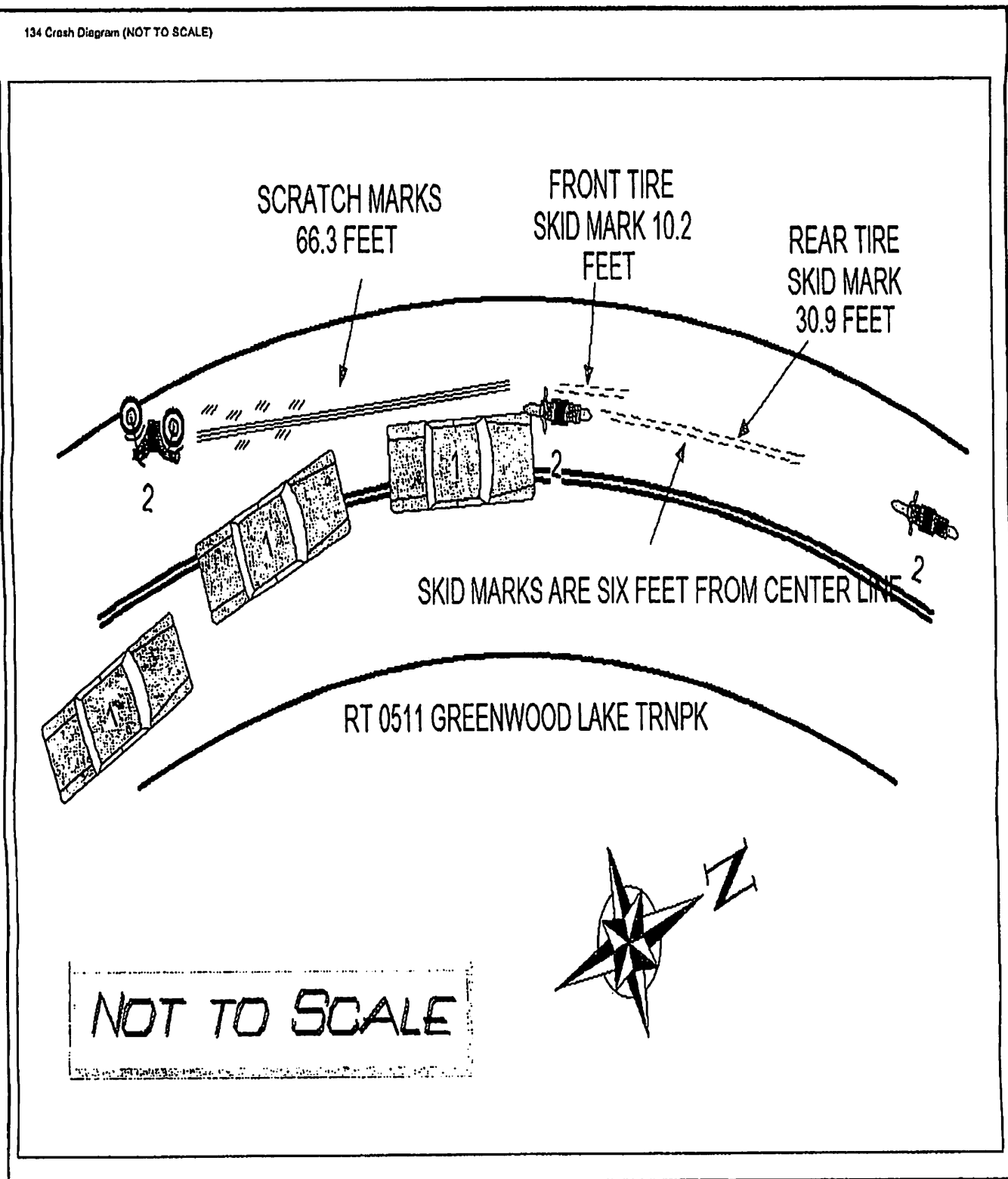
Exhibit 1

Page: 1 Of 2		New Jersey Police Crash Investigation Report		<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report	
96 05	1 Case Number	10 Crash Occurred On: GREENWOOD LAKE TURNPIKE		11 Speed Limit	118a 02
97 01	1-2015-004006	12 Route No		0511	118b 02
98 01	2 Police Dept. of RINGWOOD POLICE	13 Milepost		50	14
99 05	3 Station/Precinct	14 15		16	119a 25
100 04	4 Date of Crash mm dd yy	5 Day of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed
101 02	04 19 15	Sun	14:27	1611	2
102 01	23 Veh No	24 Policy No	25 Ins Code	53 Veh No	54 Policy No
103 01	1	F687292-3	426	2	082 4177-B23-30
104 02	26 Driver's First Name	Initial	Last Name	29 Sex	56 Driver's First Name
105 05	JOHN H EARL			M	LAWRENCE M SPATZ
106 01	27 Number and Street	52 BIRCH ROAD		30 Eyes	57 Number and Street
107 01	28 City	RINGWOOD		04	851 NORTH ROAD
108 01	29 State	NJ		02	
109 08	31 State	32 Drivers License No	33 DOB mm dd yy	34 Expires mm yy	61 State
110 01	NJ	E06204076810414	10 19 41	10 15	NJ
111 01	35 Owner's First Name	Initial	Last Name	65 Owner's First Name	Initial
112 01	JOHN H EARL			LAWRENCE M SPATZ	
113 01	36 Number and Street	52 BIRCH ROAD		66 Number and Street	851 NORTH ROAD
114 01	37 City	RINGWOOD		67 City	RIDGEWOOD
115 01	38 Make	39 Model	40 Color	41 Year	42 Plate No.
116 01	TOY	COR	GY	2007	VUE28A
117 03	43 State	68 Make	69 Model	70 Color	71 Year
	NJ	HD	FCI	BL	2003
		72 Plate No.	73 State		
		2WAS1	NJ		
	44 VIN	45 Expires	74 VIN	75 Expires	
	2T1BR32EX7C717708	05 15	1HD1FRW1S3Y739537	03 16	
	46 Vehicle Removed To	47 Towed	76 Vehicle Removed To	77 Towed	
	RINGWOOD TOWING	Impound	RINGWOOD TOWING	Impound	
	48 Alcohol/Drug Test	134 Crash Diagram (NOT TO SCALE)	78 Alcohol/Drug Test	79 Hazardous Material	
	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	On Board	
	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Spill	
	Results: 0 % <input type="checkbox"/> Pending		Results: 0 % <input type="checkbox"/> Pending	50 Carrier No.	
	49 Hazardous Material		79 Hazardous Material	51 Commercial Vehicle Weight	
	On Board		On Board	<input type="checkbox"/> ≤ 10,000 lbs	
	50 Carrier No.		80 Carrier No.	<input type="checkbox"/> 10,001 - 26,000 lbs	
	51 Commercial Vehicle Weight		81 Commercial Vehicle Weight	<input type="checkbox"/> ≥ 26,001 lbs	
	52 Carrier name		82 Carrier name		
	135 Crash Description	DRIVER OF VEHICLE ONE STATED HE DOESN'T KNOW WHAT HAPPENED HE JUST REMEMBER HEARING A BANG. DRIVER OF VEHICLE TWO STATED THAT HE DIDN'T REMEMBER ANYTHING. PASSENGER FROM VEHICLE TWO WAS SEMI CONSCIOUS AND COULD NOT SPEAK. INVESTIGATION REVEALS VEHICLE ONE CROSSED THE CENTER LINE AND STRUCK VEHICLE TWO. DRIVER VEHICLE ONE IS AT FAULT.			
	136 Damage To Other Property				
	137 Charge	138 Summons No	139 Charge	140 Summons No	
	141 Officer's Signature	142 Badge No.	143 Reviewed By	144 Case Status	
	PATROLMAN SELLEROLI, PATRICK J	0031	SERGEANT PORTA, RO	0027	
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	172	171	172	173	174
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PAGE 2 OF 2

<p align="center">STATE OF NEW JERSEY</p> <p align="center">MOTOR VEHICLE CRASH DESCRIPTION</p>	<p>Police Dept: <u>RINGWOOD POLICE</u> Code: <u>--</u></p> <p>Station: <u>--</u> Case No: <u>I-2015-004006</u></p>
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134 Crash Diagram (NOT TO SCALE)



PATROLMAN SELLEROLI, PATRICK J

0031

NJTR-1A (rev. 03/2006)

Officer's Signature

Badge Number

Exhibit 2

No	B#	Type	Name	First Date	Last Date	Billed	Paid	Allowed	Balance	Comments
01	✓	Hospital	<i>Helicopter</i> Hackensack University Medical ...	4/19/2015	4/19/2015	\$26,229.00	\$8,642.87	\$16,672.00	\$914.13	Per bill recd 2015-09-01 EMS
02		Doctor	Dala Setu 5 Summit Avenue Ha...	4/19/2015	9/4/2015	\$0.00	\$0.00	\$0.00	\$60,350.14	bill recd 1.14.16
03		Doctor	Karl Sanjeev Hackensack Unive...	4/19/2015	6/14/2015	\$0.00	\$0.00	\$0.00		bill recd 1.14.16 same as HUMC
04		Doctor	Kessler Rehabilitation Center 27...	5/13/2015	5/22/2015	\$15,290.25	\$0.00	\$0.00	\$0.00	per bill rec'd 1.25.16
05		Doctor	Hasan Omar Divagno Interventi...	5/12/2015	9/10/2015	\$0.00	\$0.00	\$0.00	\$0.00	bill rec'd 1.14.16
05	✓	Hospital	Atlantic Ambulance Corporation ...	4/19/2015	4/19/2015	\$2,009.50	\$0.00	\$0.00	\$185.28	Per bill recd 2015-07-01 ? 1206.00
06	✓	Hospital	New Jersey Healthcare Specials...	4/19/2015	4/19/2015	\$11,825.00	\$9,837.13	\$0.00	\$1,987.87	Per bill recd 2015-07-01 ? 1558.47
07		Hospital	HMC Cardiac Diagnostic Service ...	5/8/2015	5/8/2015	\$35.00	\$0.00	\$0.00	\$35.00	Per bill recd 2015-07-02
07		Hospital	Aero Ambulance Service, Inc. ...	5/13/2015	5/13/2015	\$46.00	\$0.00	\$0.00	\$46.00	Per bill recd 2015-07-01
07	✓	Radiology	Hackensack Radiology Group P...	4/20/2015	4/20/2015	\$128.00	\$119.72	\$0.00	\$8.28	Per bill recd 2015-07-01
07	✓	Doctor	Hackensack Pathology P.O. Bo...	4/19/2015	4/29/2015	\$515.00	\$82.26	\$217.18	\$215.56	Per bill recd 2015-07-01 ? 212.00 ? 236
08		Doctor	Hackensack Non-Invasive Vasc...	4/22/2015	4/22/2015	\$225.50	\$0.00	\$0.00	\$225.50	Per bill recd 2015-07-01
09		Doctor	Dayal Saraswati 5 Summit Aven...	4/19/2015	4/20/2015	\$29,082.00	\$918.31	\$0.00	\$28,463.27	per bill rec'd 11.30.15
No	B#	Type	Name	First Date	Last Date	Billed	Paid	Allowed	Balance	Comments
07		Doctor	Hackensack Pathology P.O. Bo...	4/19/2015	4/29/2015	\$515.00	\$82.26	\$217.18	\$215.56	Per bill recd 2015-07-01
08		Doctor	Hackensack Non-Invasive Vasc...	4/22/2015	4/22/2015	\$225.50	\$0.00	\$0.00	\$225.50	Per bill recd 2015-07-01
09		Doctor	Dayal Saraswati 5 Summit Aven...	4/19/2015	4/20/2015	\$29,082.00	\$918.31	\$0.00	\$28,463.27	per bill rec'd 11.30.15
10	✓	Doctor	LoCurto John 5 Summit Avenue...	4/27/2015	5/12/2015	\$9,650.00	\$0.00	\$0.00	\$9,650.00	per bill rec'd 4.22.16 ? 1703
11		Doctor	North Jersey Trauma & Critical ...	4/19/2015	9/4/2015	\$87,079.00	\$26,631.00	\$0.00	\$36,171.14	bill recd 9.21.16
12		Hospital	Hasan Omar Divagno Interventi...	6/22/2015	6/22/2015	\$300.00	\$0.00	\$0.00	\$300.00	Per bill recd 2015-08-12
13		Therapy	Personal Best Rehab Physical T...	7/8/2015	11/24/2015	\$0.00	\$0.00	\$0.00	\$1,505.51	bill recd 2.8.16
14		Hospital	Hackensack University Medical ...	4/19/2015	5/13/2015	\$471,613...	\$95,644.00	\$375,969...	\$0.00	Per bill recd 2015-09-01
15		Doctor	Hasan Omar Divagno Interventi...	4/19/2015	11/17/2015	\$0.00	\$0.00	\$0.00	\$0.00	per bill rec'd 12-22-2015
16		Doctor	Divagno Leonardo 218 Route 1...	5/12/2015	9/10/2015	\$0.00	\$0.00	\$0.00	\$0.00	per bill 1.14.16
17		Therapy	Physical Therapy Rehabilitation ...	7/6/2015	7/6/2015	\$0.00	\$0.00	\$0.00	\$0.00	bill recd 1.14.16
18		Doctor	Saccaro Bernard 95 Parkway R...	7/16/2015	7/16/2015	\$0.00	\$0.00	\$0.00	\$0.00	bill recd 1.14.16
19		Doctor	Ting Teon University Respirator...			\$0.00	\$0.00	\$0.00	\$450.00	bill recd 1.14.16
Enter text to search...						SUM=\$...	SUM=\$140,507.68			

BCBS #	Procedure Date	Submission Date	Paid Date	Provider	Description	Amount of Service	Amount Not Covered	Covered	Amount Forgiven	Amount Reimbursed	Possible Patient Responsibility	Comment
	4/19/15	5/18/15		HUMC	Helicopter	26,229.00		26,229.00		25,314.87	914.13	
2a	4/22/15	4/30/15		Hackensack Pathology	Labs	212.00	212.00	-			212.00	
2b	4/19/15	4/30/15		NJ Healthcare SPA	Surgery	638.00		638.00	567.84	70.36	0.00	
2c	4/19/15	4/30/15		NJ Healthcare SPA	Anesthesia	6,752.00		6,752.00	3,136.00	2,057.53	1,558.47	Deductible (\$1,000) and co-insurance (\$558.47)
2d	4/19/15	4/30/15		NJ Healthcare SPA	Anesthesia	426.00		426.00	320.00	106.00	-	
3a	4/20/15	4/30/15		Dr Dayal	Surgery - Reopening	11,462.00	10,285.26	1,176.74		706.04	10,755.96	Out of Network provider
3b	4/19/15	5/1/15		North Jersey Trauma	Surgery - Remove Spleen	10,600.00	9,303.78	1,296.22		238.22	10,361.78	Out of Network provider
3b	4/19/15	5/1/15		North Jersey Trauma	Surgery - Remove Kidney	7,109.00	6,525.58	583.42			7,109.00	Out of Network provider
3b	4/19/15	5/1/15		North Jersey Trauma	Surgery - CPV Insert	2,860.00	2,792.88	67.12			2,860.00	Out of Network provider
3b	4/19/15	5/1/15		North Jersey Trauma	Surgery - Incise Heart Sac	4,558.00	4,107.72	450.28			4,558.00	Out of Network provider
3c	4/19/15	5/1/15		North Jersey Trauma	Surgery - Explore	7,700.00	7,700.00	-	7,700.00		-	Duplicate billings of \$11,200
3c	4/19/15	5/1/15		North Jersey Trauma	Surgery - Chest Tube Insertion	2,100.00	2,100.00	-	2,100.00		-	Duplicate billings of \$11,200
3c	4/19/15	5/1/15		North Jersey Trauma	Surgery - Repair Superficial	1,400.00	1,400.00	-	1,400.00		-	Duplicate billings of \$11,200
3d	4/23/15	5/1/15		Hackensack Pathology	Labs	121.00	121.00	-	121.00		-	
3e	4/21/15	5/1/15		Hackensack Radiology	X-Ray	38.00		38.00	27.67	8.26	2.07	
3f	4/20/15	5/1/15		Hackensack Radiology	X-Ray	60.00		60.00	39.34	16.52	4.14	
3g	4/24/15	5/1/15		Hackensack Radiology	X-Ray	30.00	19.67	10.33	19.67	8.26	2.07	
4	4/19/15	5/8/15		North Jersey Trauma	Critical Care, First Visit	3,000.00	2,756.64	243.36		146.02	2,853.98	Out of Network provider
5a	4/29/15	5/11/15		Dr John Locurto	ICU visits	1,850.00	1,606.64	243.36		146.02	1,703.98	Out of Network provider
5b	4/28/15	5/11/15		Dr John Locurto	ICU visits	1,850.00	1,606.64	243.36		146.02	1,703.98	Out of Network provider
5c	4/27/15	5/11/15		Dr John Locurto	ICU visits	1,850.00	1,606.64	243.36		146.02	1,703.98	Out of Network provider
6a	4/21/15	5/4/15		NJ Healthcare SPA	Anesthesia	4,009.00	1,862.00	2,147.00	1,862.00	1,717.60	429.40	Co Insurance \$429
6b	4/22/15	5/4/15		Hackensack Radiology	X-Ray	30.00	19.67	10.33	19.67	8.26	2.07	
7a	4/21/15	5/5/15		North Jersey Trauma	Surgery - Reopening	6,051.00	4,874.26	1,176.74		706.04	5,344.96	Out of Network provider
7a	4/21/15	5/5/15		North Jersey Trauma	Treatment - Neg Press Wound TX	400.00	400.00	-			400.00	Claim denied. More info requested
7b	4/19/15	5/5/15		Dr Dayal	Surgical Assistant	17,620.00	17,266.26	353.74		212.27	17,407.73	Out of Network provider
7c	4/23/15	5/5/15		North Jersey Trauma	Surgery - Reopening	6,051.00	4,874.26	1,176.74		706.04	5,344.96	Out of Network provider
7c	4/23/15	5/5/15		North Jersey Trauma	Treatment - Neg Press Wound TX	400.00	400.00	-			400.00	Claim denied. More info requested
7d	4/26/15	5/5/15		North Jersey Trauma	Surgery - Muscle Skin Graft	15,500.00	14,011.12	1,488.88		893.33	14,606.67	Out of Network provider
7d	4/26/15	5/5/15		North Jersey Trauma	Surgery - Muscle Skin Graft	15,500.00	14,755.56	744.44		446.66	15,053.34	Out of Network provider
7d	4/26/15	5/5/15		North Jersey Trauma	Surgery - Muscle Skin Graft	3,700.00	3,584.05	135.95		81.57	3,618.43	Out of Network provider
7e	4/19/15	5/5/15		Hackensack Pathology	Emergency Accident lab	320.00	217.18	102.82	217.18	82.28	20.56	
8	4/30/15	5/21/15		Dr John Locurto	ICU visits	1,850.00	1,606.64	243.36		146.02	1,703.98	Out of Network provider
	4/19/15			Atlantic Ambulance	Ambulance	2,009.50		2,009.50	803.50		1,206.00	Not sure what this is for since it is not the Helicopter
	5/13/15			Aero Ambulance		46.00		46.00			46.00	
	4/29/15			Hackensack Pathology	Cytopathology	195.00		195.00			195.00	

112,072.62

Exhibit 3

Lemoine, Charlene A #6...	Description: 48 y.o. F
Admission Info: Inpatient (Adm: 04/19/15)	Primary Service: SCU (SURGICAL ICU)
Hospital Account: 2001	Unit Info: 3NTR

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
LEMOINE, CHARLEN E A	HORIZON BC/BS OF NJ [110]	None	None

Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 04/19/2015 1524	Admit Date/Time: 04/19/2015 1524	IP Adm. Date/Time: 04/19/2015 1752
Admission Type: Trauma	Point of Origin: Clinic Or Physician's Office	Admit Category: None
Means of Arrival: Helicopter	Primary Service: Scu (Surgical Icu)	Secondary Service: None
Transfer Source: None	Service Area: Hhs Hackensack Medical Center	Unit: Hmn 3ntr Surg Interm
Admit Provider: Setu A Dalal, DO	Attending Provider: Setu A Dalal, DO	Referring Provider: None

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/13/2015 0932	Inpatient Rehab Facility	Kessler Inst.rehab-div@kennedy	None	Hmn 3ntr Surg Interm

Other Providers

Provider	Role
John J Locurto, MD	Consultant
Bindu Balani, MD	Consultant
Omar S Hasan, MD	Consultant
Elie Elmann, MD	Consultant
Allison M Averill, MD	Consultant
Nader Shakibai, MD	Consultant

Admission Diagnoses / Reasons for Visit (ICD-9-CM)

Code	Name	Comments
866.02	Kidney laceration without mention of open wound into cavity	

Final Diagnoses (ICD-9-CM)

Principal	Code	Name	POA	CC	HAC	Affects DRG
[P]	866.13	Complete disruption of kidney parenchyma, with open wound into cavity	Yes	No		Yes
	427.5	Cardiac arrest	No	MCC		Yes
	865.03	Spleen laceration extending into parenchyma without mention of open wound into cavity	Yes	CC		Yes
	902.41	Renal artery injury	Yes	MCC		No
	860.4	Traumatic pneumothorax without mention of open wound into thorax	Yes	MCC		No
	518.51	Acute respiratory failure following trauma and surgery	Yes	MCC		No
	577.0	Acute pancreatitis	Yes	MCC		No
	584.9	Acute kidney failure, unspecified	Yes	MCC		No
	868.04	Retroperitoneum injury without mention of open wound into cavity	Yes	MCC		No
	864.05	Liver injury without mention of open wound into cavity, unspecified laceration	Yes	MCC		No
	286.7	Acquired coagulation factor deficiency	Yes	CC		No

Final Diagnoses (ICD-9-CM) (continued)

Principal	Code	Name	POA	CC	HAC	Affects DRG
	255.41	Glucocorticoid deficiency	Yes	CC		No
	511.9	Unspecified pleural effusion	Yes	CC		No
	807.07	Closed fracture of seven ribs	Yes	CC		No
	285.1	Acute posthemorrhagic anemia	Yes	CC		No
	276.9	Electrolyte and fluid disorders not elsewhere classified	Yes	CC		No
	805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury	Yes	CC		No
	881.00	Open wound of forearm, without mention of complication	Yes	No		No
	427.0	Paroxysmal supraventricular tachycardia	Yes	No		No
	786.4	Abnormal sputum	No	No		No
	427.89	Other specified cardiac dysrhythmias(427.89)	No	No		No
	275.41	Hypocalcemia	Yes	No		No
	443.0	Raynaud's syndrome	Yes	No		No
	553.21	Incisional hernia without mention of obstruction or gangrene	No	No		No
	458.9	Hypotension, unspecified	Yes	No		No
	423.9	Unspecified disease of pericardium	Yes	No		No
	V14.5	Personal history of allergy to narcotic agent	Exempt from POA reporting	No		No
	V14.0	Personal history of allergy to penicillin	Exempt from POA reporting	No		No
	V03.81	Need for prophylactic vaccination against Hemophilus influenza type B (Hib)	Exempt from POA reporting	No		No
	V03.82	Need for prophylactic vaccination against Streptococcus pneumoniae (pneumococcus)	Exempt from POA reporting	No		No
	V03.89	Need for other specified prophylactic vaccination against single bacterial disease	Exempt from POA reporting	No		No

External Causes of Injury (ICD-9-CM)

Code	Name	POA	CC	HAC	Affects DRG
E816.3	Motor vehicle traffic accident due to loss of control, without collision on the highway, injuring passenger on motorcycle	Exempt from POA reporting	No		No
E878.6	Removal of other organ (partial) (total) causing abnormal patient reaction, or later complication, without mention of misadventure at time of operation	No	No		No

ICD Procedures (ICD-9-CM Volume 3)

Code	Name	Date	Performing Provider	Px Event
55.51	Nephroureterectomy	04/19/2015	Setu A Dalal, DO	
99.60	Cardiopulmonary resuscitation, not otherwise specified	04/19/2015	Setu A Dalal, DO	
96.72	Continuous invasive mechanical ventilation for 96 consecutive hours or more	04/19/2015	Marie-Louise Caloustian, MD	
41.5	Total splenectomy	04/19/2015	Setu A Dalal, DO	
37.12	Pericardiectomy	04/19/2015	Setu A Dalal, DO	

ICD Procedures (ICD-9-CM Volume 3) (continued)

Code	Name	Date	Performing Provider	Px Event
54.12	Reopening of recent laparotomy site	04/23/201	Setu A Dalal, DO	5
54.12	Reopening of recent laparotomy site	04/21/201	Setu A Dalal, DO	5
54.12	Reopening of recent laparotomy site	04/26/201	Setu A Dalal, DO	5
53.51	Incisional hernia repair	04/26/201	Setu A Dalal, DO	5
99.04	Transfusion of packed cells	04/19/201	Setu A Dalal, DO	5
57.32	Other cystoscopy	04/26/201	Thomas Christiano, MD	5
34.04	Insertion of intercostal catheter for drainage	04/29/201	Setu A Dalal, DO	5
99.63	Closed chest cardiac massage	04/19/201	Setu A Dalal, DO	5
34.04	Insertion of intercostal catheter for drainage	04/19/201	Setu A Dalal, DO	5
93.59	Other immobilization, pressure, and attention to wound	04/23/201	Setu A Dalal, DO	5
96.6	Enteral infusion of concentrated nutritional substances	04/21/201	Setu A Dalal, DO	5
34.04	Insertion of intercostal catheter for drainage	05/02/201	Arthur S Albert, MD	5
38.97	Central venous catheter placement with guidance	04/20/201	Arthur S Albert, MD	5
99.15	Parenteral infusion of concentrated nutritional substances	05/03/201	Setu A Dalal, DO	5
86.59	Closure of skin and subcutaneous tissue of other sites	04/20/201	Setu A Dalal, DO	5
99.07	Transfusion of other serum	04/19/201	Setu A Dalal, DO	5
99.05	Transfusion of platelets	04/19/201	Setu A Dalal, DO	5
99.06	Transfusion of coagulation factors	04/19/201	Setu A Dalal, DO	5
93.59	Other immobilization, pressure, and attention to wound	04/21/201	Setu A Dalal, DO	5
00.17	Infusion of vasopressor agent	04/20/201	Setu A Dalal, DO	5
99.55	Prophylactic administration of vaccine against other diseases	05/09/201	Setu A Dalal, DO	5
99.52	Prophylactic vaccination against influenza	05/09/201	Setu A Dalal, DO	5

CPT®/HCPCS Codes**DRG Information**

Bili	DRG Type	Qualifier	DRG	Description	Weight	MD	LO	SOI	ROM	Exp
[B]	MS-DRG V30		957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	6.4182	024	24			53,715.50
	AP-DRG NJ V27		793	MDC 25P, PROC FOR MUL SIG TRAUMA EXC		025	24			

DRG Information (continued)

Bill ing	DRG Type	Qualifier	DRG	Description	Weight	MD C	LO S	SOI	ROM	Exp Reimb
	CMS DRG V24 (FY 2007)		486	CRANIOTOMY W NON- TRAUMAT OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4.8346	024	24			46,183. 19
	MSDRG V29 MC11		957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	6.6017	024	24			53,715. 50
	MS-DRG V31		957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	6.7306	024	24			53,715. 50
	AP-DRG NJ V24		793	PROC FOR MUL SIG TRAUMA EXC CRANIOTOMY W NON- TRAUMATIC MAJOR		025	24			
	MS-DRG V32		957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	6.8453	024	24			53,715. 50
	APR-DRG V30		911	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	7.8869	025	24	4	4	
	APR-DRG V30	Admission DRG	911	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	7.8869	025	24	4	4	
	APR-DRG V30	PPC DRG	911	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	7.8869	025	24	4	4	
	APR-DRG V30	PPC Admit DRG	911	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA		025	24			

Patient Demographics

Name:	Patient ID:	SSN:	Sex:	Birth Date:
Lemoine, Charlene A	61444	xx	Female	
Address:	Phone:	Email:	Employer:	
			OTHER-Sitex Realty Group LLC	
Reg Status:	PCP:	Date Last Verified:	Next Review Date:	
Verified	Not On Staff Physician, MD	05/28/15	06/27/15	

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
04/19/15 1524	ED Arrival		HMN ETD DEPT		
04/19/15 1624	ED Roomed	Emergency	HMN ETD DEPT	T04A/T04A	ETD (EMERGENCY TRAUMA DPT)
04/19/15 1630	Surgery	Emergency	HUMC MAIN OR	MAIN OR ROOM 16	General Surgery

Exhibit 4

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Charlene LeMoine,

Plaintiff

Civil Action No.: 2:16-cv-6786 JMV JBC

vs.

Empire Blue Cross Blue Shield, Cushman &
Wakefield, Inc. PPO Incentive Plan, Blue Cross
Blue Shield of Illinois, ABC Corp. 1-10,
Defendants.

CERTIFICATION

I am the Plaintiff in this case. As such, I have personal knowledge of the facts.

1. I was seriously injured in a motorcycle incident on April 19, 2015. An air ambulance evacuated me to Hackensack University Medical Center for emergency care.

2. During my admission, either a hospital staff member or a family member presented the hospital admissions department with an insurance identification card from an old employer. That card identified me as a beneficiary of a health insurance plan by Blue Cross Blue Shield of Illinois.

3. At some later time during my admission, I learned of the error and presented the identification for my then current employer's health insurance plan provided by Empire Blue Cross Blue Shield.

4. Over the next several months, I received explanations of benefits paid and denied, engaged in telephone conversations with claim adjusters from Empire and BCBS-IL, as well as billing staff from the many doctors who treated me.

5. I believe that every conversation I had with any employee of either Empire or BCBS-IL was recorded.

6. In discussions with billing staff for the various doctors, I was asked to call the insurance companies, resubmit claims in my own name, submit appeals, or sign documents that would allow the doctors' staffs to file appeals. I did not keep copies of all documents and forms sent and received.

7. I recall the primary dispute with Empire was that it rejected my argument that I

had no choice in the selection of emergency care doctors and therefore should not have been penalized by Empire's classification of all emergency caregivers as out of network providers. I understood that under emergent circumstances such as mine, emergency care givers would be reimbursed by a greater amount than if I had purposely chosen to obtain care from a doctor who was not in the Empire network.

8. I repeated this position over and over in calls and correspondence to Empire. It was and is my understanding that all of my appeals on this grounds have been consistently denied.

9. I filed appeals in December 2016 from earlier claim denials. I have not received a letter with Empire's decision yet.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to punishment.

Dated: August 11, 2017


CHARLENE LEMOINE

EXHIBIT 5



P5896385427990800000000000000

Explanation of Benefits (EOB). This is not a bill.
SITEX REALTY GROUP, LLC
 05-28-15

15

CHARLENE A LEMOINE
 349 GOFFLE ROAD
 RIDGEWOOD NJ 07450

Customer Service: 1-800-541-2767

****THE IMPORTANT UPDATE SECTION IS NOT
 APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: \$6451.00
Total Benefits Approved: \$725.80
Amount You May Owe Provider: \$5725.20

Claim Information

Member Name: CHARLENE A LEMOINE
Group No.: P58963
Identification No.: XOF834279908
Claim No.: S11955660B00H
Patient Name: CHARLENE A LEMOINE

We have reviewed the claim which was previously processed for this patient. The following shows how this claim was adjusted.

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
NORTH JERSEY TRAUMA AND C				
Surgery	04-21-15	6051.00	4874.26 (1)	1176.74
Treatment Other	04-21-15	400.00	367.06 (1)	32.94
Totals		\$6451.00	\$5241.32	\$1209.68

COVERAGE INFORMATION

Totals	\$6451.00	\$5241.32	\$1209.68
Total Benefits Approved			\$725.80
	Prior Payment	(Minus)	-706.04
	Additional Payment		19.76
Amount You May Owe Provider			\$5725.20
Total covered benefits approved for this claim: \$19.76 to NORTH JERSEY TRAUMA AND C on 05-28-15			



Details of Claim(s):

Member Name: CHARLENE LEMOINE

Member ID #: WKM 87670089

Have Questions?
Visit our web site at
www.empireblue.com
or call (866) 517-1092.

Patient: CHARLENE LEMOINE

Claim Number: 61620226140

Date Claim Received: 06/10/16

Provider Name: NJ TRAUMA & CRITICAL CARE

Provider Address: PO BOX 34771

NEWARK NJ 07189

551-966-2900

DATES OF SERVICE	PROCEDURE CODE	SERVICE	AMOUNT CHARGED BY PROVIDER	DISCOUNT AMOUNT	YOUR RESPONSIBILITY				PAYABLE BY EMPIRE	NOTES
					CHARGES NOT COVERED	DEDUCT-IBLE	COINSUR-ANCE	COPAY-MENT		
04/19/15-04/19/15	33025	SURGERY-CARDIOVASC	6,599.00	0.00	3,986.05	1,007.43	481.66	0.00	1,123.86	1
04/19/15-04/19/15	49000	SURGERY-ABDOMINAL	11,021.00	0.00	9,766.90	0.00	376.23	0.00	877.87	1, 2
04/20/15-04/20/15	49002	SURGERY-ABDOMINAL	11,462.00	N/A	N/A	N/A	N/A	N/A	N/A	3
Total:			\$29,082.00	\$0.00	13,752.95	1,007.43	857.89	0.00	\$2,001.73	4
					Your Total Responsibility:				\$15,618.27	

NOTES FOR THIS CLAIM:

- The services you received were rendered by a non-participating provider; therefore, the provider is entitled to bill for the amount indicated in "Your Total Responsibility" if it has not already been paid. Amounts shown in "Charges Not Covered" may include charges that exceed the amount allowed for the service. The patient's responsibility is reduced when services are rendered by participating providers.
- When multiple surgeries are performed on the same day through different incisions, the full allowance is provided for the procedure with the greatest Relative Value Units (RVU), and one half of the allowance is provided for the procedure(s) with the lesser RVU. Please refer to the section of your contract or benefit booklet that describes the coverage for this type of service.
- N/A = Not Applicable. We have already processed a claim for this service under claim number 55698333980. Patient responsibility, if any, has been identified on the Explanation of Benefits for that claim.
- Since this provider is not a participating provider, we are making payment for these services directly to you. You are responsible to pay the provider for these services if you have not already done so, including the amount of our payment to you and the amount indicated in "Your Responsibility".

You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

Whether or not you use the appeal procedure, you may request assistance from Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010. (888) 614-5400.

www.communityhealthadvocates.org

As of This Claim, You Have Satisfied
\$250.00 of the 2015 Annual In-Network Deductible of \$250.00 for CHARLENE LEMOINE
\$5,000.00 of the 2015 Annual Out-of-Network Deductible of \$5,000.00 for CHARLENE LEMOINE
\$250.00 of the 2015 Annual In-Network Out-of-Pocket Maximum of \$250.00 for CHARLENE LEMOINE
\$2,936.46 of the 2015 Annual Out-of-Network Out-of-Pocket Maximum of \$20,000.00 for CHARLENE LEMOINE

NON-NEGOTIABLE

EXHIBIT 6

**Charlene A. LeMoine
349 Goffle Road
Ridgewood, N 07450
201-320-0315**

December 19, 2016

**Empire Health Choice Assurance, Inc.
PO Box 5077
Middletown, NY 10940-9077
ATTN: Appeals**

RE: ID# WKM87670089

**Patient: Charlene A. LeMoine
349 Goffle Road
Ridgewood, NJ 07450**

Providers: See attached Explanations of Benefits

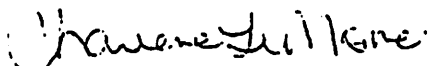
To Whom It May Concern:

Please let this letter serve as an appeal notice regarding the attached Explanation of Benefits. On April 19, 2015 I was involved in a near fatal motorcycle accident that put me in the hospital for several months. I was in a coma and was treated in a emergency life and death situation by a series of trauma surgeons. I had no choice or control whether the doctors who attended to me were in-network or out of network because failure to provide immediate treatment for my condition involved an imminent and critical threat to my health. I am therefore requesting an expedited review of the attached explanation of benefits with this appeal. I will not pay this amount because it is not my responsibility.

Please provide the additional payments due under the terms of my health plan. I am still receiving invoices and collection notices from various providers.

I look forward to hearing from you.

Very truly yours,



Charlene LeMoine

CL/Attach.

**Charlene A. LeMoine
349 Goffle Road
Ridgewood, N 07450
201-320-0315**

December 28, 2016

Empire Health Choice Assurance, Inc.
PO Box 5077
Middletown, NY 10940-9077
ATTN: Appeals

RE: ID# WKM87670089

Patient: Charlene A. LeMoine
349 Goffle Road
Ridgewood, NJ 07450

Providers: See attached Explanations of Benefits

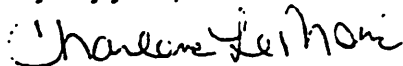
To Whom It May Concern:

Please let this letter serve as an appeal notice regarding the attached Explanation of Benefits. On April 19, 2015 I was involved in a near fatal motorcycle accident that put me in the hospital for several months. I was in a coma and was treated in a emergency life and death situation by a series of trauma surgeons. I had no choice or control whether the doctors who attended to me were in-network or out of network because failure to provide immediate treatment for my condition involved an imminent and critical threat to my health. I am therefore requesting an expedited review of the attached explanation of benefits with this appeal. I will not pay this amount because it is not my responsibility.

Please provide the additional payments due under the terms of my health plan. I am still receiving invoices and collection notices from various providers.

I look forward to hearing from you.

Very truly yours,



Charlene LeMoine

CL/Attach.

EXHIBIT 7



PO Box 1407, Church Street Station
New York, NY 10008-1407

000005

January 18, 2017

*****ALL FOR AADC 076 58
17526 1 AB 0.403
EMPIRE MEMBER OR REPRESENTATIVE
349 GOFFLE RD
RIDGEWOOD NJ 07450-4033

101010500000

We are working on a response for you.

Reference Number: 20170104019946
Date Received: 01/04/2017

Dear Member or Representative:

We've received your complaint and/or grievance. To make a full and fair review, we want to make sure we have all relevant information.

How to Provide Additional Information

If we need more information, we will get in touch with you. You can send us any additional information, or you can also choose a representative to give information for you. Information can be given to us by mail, fax or over the phone.

- By mail:
Empire
P.O. Box 1407, Church Street Station
New York, NY 10008-1407
- By fax: (866) 829-2395
- By phone: (866) 517-1092

When mailing or faxing information please include your member ID number. Please also include a phone number in case we need to call you.

Unless your benefit book says otherwise, our review will take no more than 30 days from the date we received the complaint and/or grievance. If you have questions, please call us at (866) 517-1092.

Best regards,

Chris Ciafone
VP East Market Customer Service

Acknowledgement Letter

Services provided by Empire HealthChoice Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

NYLCS001 BOWE 20170131B00 JDF2
20170118 000005 Env [17,526] 1 of 3



PO Box 1407, Church Street Station
New York, NY 10008-1407

000013

January 23, 2017

58

EMPIRE MEMBER OR REPRESENTATIVE
349 GOFFLE RD
RIDGEWOOD NJ 07450

101010510000

We are working on a response for you.

Reference Number: 20170110015506
Date Received: 01/10/2017

Dear Member or Representative:

We've received your complaint and/or grievance. To make a full and fair review, we want to make sure we have all relevant information.

How to Provide Additional Information

If we need more information, we will get in touch with you. You can send us any additional information, or you can also choose a representative to give information for you. Information can be given to us by mail, fax or over the phone.

- By mail:
Empire
P.O. Box 1407, Church Street Station
New York, NY 10008-1407
- By fax: (866) 829-2395
- By phone: (866) 517-1092

When mailing or faxing information please include your member ID number. Please also include a phone number in case we need to call you.

Unless your benefit book says otherwise, our review will take no more than 30 days from the date we received the complaint and/or grievance. If you have questions, please call us at (866) 517-1092.

Best regards,

Chris Ciafone
VP East Market Customer Service

Acknowledgement Letter

Services provided by Empire HealthChoice Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

NYLCS001 BOWE 20170131B00 JDF2
20170123 000013 Enr [17.526] 2 of 3

EXHIBIT 8

Empire
PO Box 11800
Albany, NY 12211-0800



May 20, 2017



1489

CHARLENE LEMOINE
349 GOFFLE RD
RIDGEWOOD, NJ 07450-4033

RE: 87670089

Dear CHARLENE LEMOINE:

According to our records, a refund of \$32,120.16 is due to Empire. The amount owed to us is a result of a post payment review of the claim(s).

The enclosed Explanation of Refund(s) provides additional information on this matter. The claims information listed on the explanation of refund sets forth the reason for the overpayment recovery request. You may obtain more information about the decision by calling the phone number listed below.

We would appreciate your immediate attention to this matter. Please attach your payment of \$32,120.16 to the Remittance Advice and return to the following address within 30 days to avoid the possibility of this matter being referred to a collection agency.

Central Region - CCOA Lockbox
PO BOX 73651
Cleveland, OH 44193-1177

Checks should be made payable to Empire and include claim number(s) to ensure proper credit to your account.

If you have previously remitted the amount due, please attach a copy of your cancelled check to this correspondence and return to the above address.

If you wish to discuss this matter, please call 1-800-342-9816, or to request a review in writing please mail a copy of this letter and any supporting documentation to:

Empire
PO Box 11800
Albany, NY 12211-0800.

Thank you for your cooperation in this matter.

Empire
Cost Containment

SO1

Enclosures(3)

Services provided by Empire HealthChoice Assurance, Inc, a licensee of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans.

Date: 05/20/2017

Remittance Type: SO1

Payable To:

ID #: 87670089

External ID: 87670089

Central Region - CCOA Lockbox

Name: CHARLENE LEMOINE

PO Box 73651

Cleveland, OH 44193-1177

Claim #	Patient Name	Service Start Date	Claim Sys	Claim Pd Amt	Refund
Ref No.	Subscriber ID	Date Claim Paid	GL Account	Refund Amt Due	Amt Pd
Provider Name			Pat Acct #	FCN	

55758347200-001	CHARLENE LEMOINE	04/19/2015	CS90	618.73	
EH-543843	87670089	08/01/2015	24505007	618.73	
ITS PROVIDER			37065	37065 55758347200	08/01/2015

Explanation: The patient has primary coverage thru BCBS OF IL.

61620226140-001	CHARLENE LEMOINE	04/19/2015	CS90	2,001.73	
EH-543842	87670089	09/14/2016	24505007	2,001.73	
DAYAL SARASWATI D			37065	37065 61620226140	09/14/2016

Explanation: The patient has primary coverage thru BCBS IL.

55748338470-001	CHARLENE LEMOINE	04/25/2015	CS90	766.69	
EH-543896	87670089	05/05/2016	24505007	766.69	
ITS PROVIDER			0	0 55748338470	05/05/2016

Explanation: The patient has primary coverage thru BCBS OF IL.

55748340960-000	CHARLENE LEMOINE	04/24/2015	CS90	612.57	
EH-543899	87670089	07/30/2015	24505007	612.57	
ITS PROVIDER			0	0 55748340960	07/30/2015

Explanation: The patient has primary coverage thru BCBS OF IL.

Date: 05/20/2017

Remittance Type: SO1

Payable To:

ID #: 87670089

External ID: 87670089

Central Region - CCOA Lockbox

Name: CHARLENE LEMOINE

PO Box 73651

Cleveland, OH 44193-1177

Claim #	Patient Name	Service Start Date	Claim Sys	Claim Pd Amt	Refund
Ref No.	Subscriber ID	Date Claim Paid	GL Account	Refund Amt Due	Amt Pd
Provider Name			Pat Acct #	FCN	

55748340960-001	CHARLENE LEMOINE	04/24/2015	CS90	262.53	
EH-543900	87670089	05/05/2016	24505007	262.53	
ITS PROVIDER			0	0 55748340960 05/05/2016	

Explanation: The patient has primary coverage thru BCBS OF IL.

55748379400-000	CHARLENE LEMOINE	04/20/2015	CS90	1,225.14	
EH-543897	87670089	07/30/2015	24505007	1,225.14	
ITS PROVIDER			0	0 55748379400 07/30/2015	

Explanation: The patient has primary coverage thru BCBS OF ILLINOIS.

55748437710-001	CHARLENE LEMOINE	04/22/2015	CS90	525.06	
EH-543846	87670089	05/05/2016	24505007	525.06	
ITS PROVIDER			0	0 55748437710 05/05/2016	

Explanation: The patient has primary coverage thru BCBS OF IL.

55748437710-000	CHARLENE LEMOINE	04/22/2015	CS90	1,225.14	
EH-543894	87670089	07/30/2015	24505007	1,225.14	
ITS PROVIDER			0	0 55748437710 07/30/2015	

Explanation: The patient has primary coverage thru BCBS OF IL.

Date: 05/20/2017

Remittance Type: SO1
 ID #: 87670089 External ID: 87670089
 Name: CHARLENE LEMOINE

Payable To:
 Central Region - CCOA Lockbox
 PO Box 73651
 Cleveland, OH 44193-1177

Claim #	Patient Name	Service Start Date	Claim Sys	Claim Pd Amt	Refund
Ref No.	Subscriber ID	Date Claim Paid	GL Account	Refund Amt Due	Amt Pd
Provider Name			Pat Acct #	FCN	

55748338470-000	CHARLENE LEMOINE	04/25/2015	CS90	983.51	
EH-543895	87670089	07/30/2015	24505007	983.51	
ITS PROVIDER			0	0	55748338470 07/30/2015

Explanation: The patient has primary coverage thru BCBS OF IL.

55758367980-011	CHARLENE LEMOINE	04/19/2015	CS90	22,016.84	
EH-543845	87670089	08/15/2015	24505007	22,016.84	
ITS PROVIDER			37190	37190	55758367980 08/15/2015

Explanation: The patient has primary coverage thru BCBS OF IL.

55758367980-012	CHARLENE LEMOINE	04/19/2015	CS90	1,357.16	
EH-543844	87670089	08/15/2015	24505007	1,357.16	
ITS PROVIDER			37190	37190	55758367980 08/15/2015

Explanation: The patient has primary coverage thru BCBS OF IL.

55748379400-001	CHARLENE LEMOINE	04/20/2015	CS90	525.06	
EH-543898	87670089	05/05/2016	24505007	525.06	
ITS PROVIDER			0	0	55748379400 05/05/2016

Explanation: The patient has primary coverage thru BCBS OF IL.

Total Refund Due

32,120.16

Total Paid

EXHIBIT 9



for Empire

Attorney Davis, Saperstein C/O
Davis, Saperstein & Solomon
39 Broadway
New York, NY 10006

No lien

Re: Member: Charlene Lemoine
File No.: 45839423
Patient(s): Charlene Lemoine
Injury Date: 04/19/2015

Dear Attorney :

We have completed an investigation of the above-referenced matter. We are not pursuing a claim for subrogation/reimbursement. Please contact the medical providers directly if you need information regarding health care treatment and related claims.

If you have any further questions, please feel free to contact me.

Sincerely,

Marilyn Shurkoff

Marilyn Shurkoff
Subrogation Specialist III
N17 W24222 Riverwood Drive, Suite 300
Waukesha WI 53188 - 2200
(800) 596-1263 Ext. 2692
Fax: (855) 327-9114
marilyn.shurkoff@meridianresource.com

Fax Server VA20303 11/5/2015 4:24:10 PM PAGE 2/008 Fax Server



November 05, 2015

Attorney Davis, Saperstein C/O
Davis, Saperstein & Solomon
39 Broadway
New York, NY 10006

Re: Member: Charlene Lemoine
File No.: 45839423
Patient(s): Charlene Lemoine
Injury Date: 04/19/2015

Dear Attorney :

We are notifying you of Empire HealthChoice Assurance, Inc. subrogation/reimbursement rights and our claim for reimbursement of the medical benefits paid on behalf of your client. Your client is/was the beneficiary of a self-funded employee welfare benefit plan governed by the Employee Retirement Income Security Act of 1974 (ERISA). To date, \$34,284.95 in medical benefits have been paid on behalf of your client. Please see the enclosed claim itemization. This amount may change if there is additional related treatment.

Please acknowledge receipt of this notice within thirty (30) days. If suit has been filed or settlement is approaching, please notify me immediately.

Please call if you have any questions. Thank you for your cooperation in this matter.

Sincerely,

Marilyn Shurkoff

Marilyn Shurkoff
Subrogation Specialist II
N17 W24222 Riverwood Drive, Suite 300
Waukesha WI 53188 - 2200
(800) 596-1263 Ext. 2692
Fax: (855) 327-9114
marilyn.shurkoff@meridianresource.com

34,284.95 mb 11/5/15

EXHIBIT 10

LAW OFFICES OF
DAVIS, SAPERSTEIN & SALOMON, P.C.

SAMUEL L. DAVIS••†
MARC C. SAPERSTEIN•••†
GARRY R. SALOMON•†
STEVEN BENVENISTE••†
PAUL A. GARFIELD••†

LUIS L. HAQUIA••†
TERRENCE SMITH•
STEVEN H. COHEN••
PATRICIA Z. BOGUSLAWSKI•†
ADAM LEDERMAN••†
ANGELA CERVELLI BENNETT•
DAVID A. DRESCHER••
LISA A. LEHRER•••†
KATE CARBALLO••
EVAN D. BAKER•••†
KELLY A. CONLON•
PHILIP ING•••†
MANUEL B. SAMEIRO•
JEFFREY E. SALOMON•
ARIELLE HEO••
MYZAJRE T. DUARTE••
ANDY G. MERCADO•
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375 CEDAR LANE
TEANECK, NJ 07666-3433

FACSIMILE: (201) 692-0444

Email: lawinfo@dsslaw.com

(201) 907-5000

800 INMAN AVENUE
COLONIA, NJ 07067
(732) 510-1000

39 BROADWAY, SUITE 520
NEW YORK, NY 10006
(212) 608-1917

CERTIFIED CIVIL TRIAL ATT'Y†
PENNSYLVANIA BAR ■
NEW JERSEY BAR •
NEW YORK BAR •
LOUISIANA BAR □
FLORIDA BAR ▲
GEORGIA BAR ◊
ILLINOIS BAR ◆
D.C. BAR ○
OF COUNSEL

RACHAEL NASS••
BENNETT J. WASSERMAN•••†
CHRISTOPHER T. KAROUNOS•†

July 12, 2017

REPLY TO TEANECK

By Certified Mail and Regular Mail
Cushman and Wakefield
2200 Fletcher Avenue
Fort Lee, NJ 07024

Attn.: General Counsel

Re: Charlene LeMoine v. Empire Blue Cross Blue Shield, et als
Case No.: 2:16-cv-6786 JMV JBC


Dear Sir or Madam:

We represent the plaintiff in the above matter. I am writing to request a waiver of service. To that end I have enclosed a copy of each Filed Complaint, Notice of Lawsuit and two copies of a waiver form.

Federal Rule 4(d) provides that your client has a duty to avoid unnecessary costs of serving the summons. I therefore request that you execute the enclosed waiver of Service and return it to me. A self-addressed, prepaid envelope is enclosed.

Thank you for your attention.

Very truly yours,
DAVIS, SAPERSTEIN & SALOMON, P.C.


Terrence Smith
For the Firm

Enclosures

7016 0910 0001 7440 9614

LAW OFFICES OF
DAVIS, SAPERSTEIN & SALOMON, P.C.

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D.C. BAR •
OF COUNSEL

RACHAEL NASS••
BENNETT J. WASSERMAN•••†
CHRISTOPHER T. KAROUNOS•†

REPLY TO TEANECK

July 12, 2017

By Certified Mail and Regular Mail
Blue Cross Blue Shield of Illinois
3200 Robbins Road
Springfield, Illinois 62704

Attn.: General Counsel

Re: Charlene LeMoine v. Empire Blue Cross Blue Shield, et als
Case No.: 2:16-cv-6786 JMV JBC

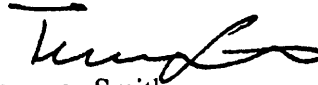
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Very truly yours,
DAVIS, SAPERSTEIN & SALOMON, P.C.


Terrence Smith
For the Firm

Enclosures

7016 0910 0001 7440 9621